

EXHIBIT B

ANNUAL REPORT TO THE OFFICE OF STATE TREASURER

All state entities that accept MCS payments, whether participating in a statewide contract or approved to utilize another MCS provider, shall submit the following information to OST annually within 30 days after fiscal year-end. Attach additional pages if necessary.

A.

1. Fiscal Year: _____
2. Name of entity accepting MCS: _____
3. Name of MCS provider: _____
4. Location(s) where transactions are accepted: _____
5. Type of fees and taxes collected: _____
6. Gross dollar receipts: \$ _____
7. Gross number of transactions: _____
8. Description of fees paid to MCS provider: _____
9. Amount of fees paid to MCS provider: _____

B. Aggregate Annual Service Fees Paid - provide the annual dollar amount of all MCS processing fees (including interchange, access, assessment, transaction, and admin fees) remitted to the service provider, indicating the source of payment, such as:

1. Appropriated state funds: \$ _____
2. Convenience fees collected and processed by the State Entity: \$ _____
3. MCS provider fees added to price of goods/services: \$ _____
4. Netted from MCS collections or paid from other accounts (specify the accounts): \$ _____

C. Amount of excess MCS convenience fees remitted to OST: \$ _____; Date _____

Prepared by: _____

Telephone #: _____

Email: _____

Date: _____